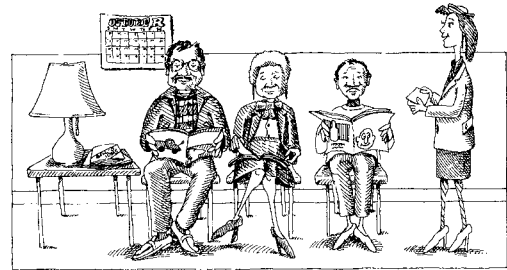


Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

# Screening Questionnaire for Adult Immunization



**For patients:** The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you bring your immunization record card with you?**      yes ☐    no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your healthcare provider to give you one! Bring this record with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

## Information for Health Professionals about the Screening Questionnaire for Adults

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.



### 1. Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 3.

### 3. Have you ever had a serious reaction after receiving a vaccination?

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community measles outbreak).

### 4. Do you have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected individuals who do not have evidence of severe immunosuppression. Immunosuppressed persons should not receive varicella vaccine or LAIV. For details, consult the ACIP recommendations (4, 5, 6).

### 5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?

Live virus vaccines (e.g., MMR, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 6). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant individuals ages 5–49 years.

### 6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?

Certain live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the ACIP Statement “General Recommendations on Immunization” (1) or *2003 Red Book*, p. 423 (2), for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination.

### 7. For women: Are you pregnant or is there a chance you could become pregnant during the next month?

Live virus vaccines (e.g., MMR, varicella, LAIV) are contraindicated in the month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active women in their childbearing years who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

### 8. Have you received any vaccinations in the past 4 weeks?

If the person to be vaccinated was given either live attenuated influenza vaccine (FluMist®) or an injectable live virus vaccine (e.g., MMR, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Other vaccines may be given at any spacing interval if they are not administered simultaneously. (For travelers, see reference 10.)

#### References:

1. CDC. General recommendations on immunization. *MMWR* 2002; 51 (RR-2).
2. AAP. *2003 Red Book: Report of the Committee on Infectious Diseases*. 26<sup>th</sup> ed. Elk Grove Village, IL: AAP; 2003.
3. Table of Vaccine Components: [www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf](http://www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf)
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
6. CDC. Prevention and control of influenza—recommendations of ACIP, at [www.cdc.gov/flu/professionals/vaccination/](http://www.cdc.gov/flu/professionals/vaccination/)
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), [www.cdc.gov/nip/publications/hsct-recs.pdf](http://www.cdc.gov/nip/publications/hsct-recs.pdf)
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of varicella. *MMWR* 1996; 45 (RR-11).
10. CDC. Health Information for International Travel, “The Yellow Book,” DHHS, Spacing of Immunobiologics, go to [www.cdc.gov/travel/](http://www.cdc.gov/travel/)